



Perry's Wild 3 on 3 Hockey League

Player Registration

Player Name: _____
Address: _____
City: _____
Postal Code: _____
Date of Birth: **MM** **DD** **YY**
Home Phone: _____
Work Phone: _____
Email: _____
Players Position: _____
Jersey Size: _____
Player Number: **1st choice** **2nd choice**
Player Shoots: _____

Please circle level

2019-20 Ice Hockey Experience **AAA** **A/AA** **MD** **House League**

Parents Interested In Coaching: _____

Parent Signature: _____

Waiver:

In consideration of the Applicant's participation in PERRY'S WILD 3 ON 3 HOCKEY LEAGUE, the Applicant agrees that City of Sarnia & Perry's Wild 3 on 3, its properties, participants and employees, will not be responsible for any accident or loss however caused, and agrees to release them from all claims and damages which may arise as a result of such accident or loss. In the event that the Applicant is incapacitated, or if the Applicant is a child, I hereby give you permission to seek out any necessary medical assistance the Applicant may require while attending the program.

In signing the application, the Applicant acknowledges that he/she has read and understands the conditions and certifies that he/she is in good physical and mental health.

Signature of Participant, Parent or Legal Guardian

Date: _____
Month / Day / Year

Player Cost: \$385.00 (\$340.71 + 44.29 HST)
Goalie Cost \$275.00 (\$243.36 + 31.64 HST)
family rates
2 Siblings - \$720.00 (637.17 + 82.83 HST)
3 Siblings - \$999.00 (884.08 + 114.92 HST)
payment due by March 1, 2020 – All payments are non-refundable
Make Cheques Payable and Mail to:
Perry's Wild 3 on 3 Hockey
c/o Robin Perry
1042 Sheffield St., Sarnia, Ontario N7S 4M1